

Pat Quinn, Governor Julie Hamos, Director

201 South Grand Avenue East Springfield, Illinois 62763-0002

**Telephone:** (217) 785-0710

**TTY:** (800) 526-5812

September 25, 2014

PRESENCE HOLY FAMILY ATTN: Chief Executive Officer 100 North River Road Des Plaines, IL 60016

Dear Chief Executive Officer:

Due to a recently discovered programming error, the Department has recalculated Disproportionate Share Hospital Adjustment (DSH) eligibility and rates. The attachments included with this letter reflect the new calculations, and any eligible rates, which will be effective with dates of service beginning 10/1/2014. Please note the new appeal date at the bottom of the letter.

A hospital may be eligible for all three programs (DSH, MPA and MHVA), eligible for only two programs (MPA/MHVA eligible) or ineligible for all three programs. There are two qualifying criteria for DSH eligibility, and six qualifying criteria for MPA/MHVA.

DSH, MPA and MHVA will all pay on a date of service basis not by admission date. For example if your hospital was eligible for DSH, MPA and /or MHVA for rate year 2014 (October 1, 2013 through September 30, 2014) and eligible in rate year 2015 (October 1, 2014 through September 30, 2015) and an admission crosses that period you will get different rates. If your hospital was eligible for DSH, MPA and /or MHVA for rate year 2014 (October 1, 2013 through September 30, 2014) and not eligible in rate year 2015 (October 1, 2014 through September 30, 2015) and an admission crosses that period you will only receive payment for dates of service until September 30, 2014. If your hospital was ineligible for DSH, MPA and /or MHVA for rate year 2014 (October 1, 2013 through September 30, 2014) and eligible in rate year 2015 (October 1, 2014 through September 30, 2015) and an admission crosses that period you will receive payment for dates of service October 1, 2014 and after.

The DSH, MHVA, and MPA determinations have been calculated in accordance with Section 148.120, 148.122 and Section 148.290(d) of the 89 Illinois Administrative Code. Your hospital has been determined to be ineligible to receive payments under the DSH, MHVA, and MPA programs for rate year 2015. Your hospital does NOT meet the minimum requirements to be considered a Disproportionate Share hospital. Attached is a worksheet detailing the determination of your hospital's Medicaid inpatient utilization rate. Please examine this worksheet carefully.

Appeals must be made in accordance with Section 148.310(b) and (f) of the 89 Illinois Administrative Code. All appeals must be made in writing no later than THIRTY (30) DAYS FROM THE DATE OF THIS LETTER. For Rate Year 2015, appeals MUST BE SUBMITTED IN WRITING AND MUST BE RECEIVED OR POSTMARKED NO LATER THAN WEDNESDAY OCTOBER 27, 2014. The Department will NOT ACCEPT

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hospital logs as supporting documentation for appeals.

Direct all appeals and supporting documentation to:

Illinois Department of Healthcare and Family Services Bureau of Rate Development and Analysis, DSH Unit ATTN: Kristy Sommer 201 South Grand Avenue East, 2<sup>nd</sup> Floor Springfield, Illinois 62763-0001

If you have any questions regarding this determination, please contact the Bureau of Rate Development and Analysis at (217) 785-0710.

## Please provide a copy of this letter to your CFO and Patient Accounts Manager.

Sincerely,

Dan Jenkins Chief, Bureau of Rate Development and Analysis

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PRESENCE HOLY FAMILY Des Plaines, DISPROPORTIONATE SHARE (DSH), MEDICAID HIGH VOLUME (MHVA), AND MEDICAID PERCENTAGE ADJUSTMENT (MPA) DETERMINATION for Rate Year 2015 (October 1, 2014-September 30, 2015) **DSH CRITERIA** 1) Have a Medicaid inpatient utilization rate (MIUR) of at least the statewide mean plus one standard deviation; 2) Have a low income utilization rate of at least 25%; MPA & MHVA CRITERIA 1) Have a Medicaid inpatient utilization rate (MIUR) of at least the statewide mean plus one-half standard deviation: 2) Have a low income utilization rate (LIUR) of at least 25% and had an LIUR of 25% for rate year 2014; 3) Be an Illinois hospital, that on July 1,1991,had a MUR of at least the mean and was located in a planning area with one-third or fewer excess beds, and that as of June 30, 1992, was located in a Health Professional Shortage area; 4) Be an Illinois hospital that has a MUR of at least the statewide mean and a Medicaid obstetrical inpatient utilization rate of at least the mean plus one standard deviation; 5) Be a hospital devoted exclusively to caring for children; or 6) Be an out-of-state hospital meeting the federal definition of a DSH hospital. Your hospital qualifies for Disproportionate Share under criteria: 0 Your hospital qualifies for Medicaid Percentage Adjustment and Medicaid High Volume under criteria: 0 YOUR HOSPITAL'S 2015 MEDICAID INPATIENT UTILIZATION RATE CALCULATION Total Hospital Routine Days: Medicaid Routine Days: 3,125 32,466 Total Hospital ICU Days: Medicaid ICU Days: 191 2,117 Medicaid Psychiatric Days: Total Hospital Psychiatric Days: Medicaid Rehabilitation Days: Total Hospital Rehabilitation Days: Medicaid Nursery Days Total Hospital Nursery Days: Total Mdcd Days from Cost Report 3.316 Medicaid Out-of-State Days: Medicaid HMO Days: 332 Medicaid DASA Days: Medicaid Denied Days: Medicaid Inappropriate Level of Care Days: Medicaid/Medicare Crossover Days: 3,691 Total Medicaid Days from Other Sources: 4,023 TOTAL MEDICAID INPATIENT DAYS 7,339 TOTAL HOSPITAL INPATIENT DAYS: 34,583 YOUR HOSPITAL'S RY15 MEDICAID INPATIENT UTILIZATION RATE 21.22% Your hospital's state fiscal year 2012 total Medicaid obstetrical days: Your hospital's state fiscal year 2012 total Medicaid days: Your hospital's obstetrical inpatient utilization rate: 0.00%

18.93%

2,332,549

7,301,216

32.79%

42.93%

Your hospital's low income utilization rate:

Illinois' total hospital inpatient days:

Illinois' total Medicaid inpatient utilization days:

Illinois' statewide mean Medicaid inpatient utilization rate:

One-half of a standard deviation above the statewide mean Medicaid inpatient utilization rate: